

FILED MAY 31 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16184

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>270</u> | | PRIMARY REG. DIST. NO. <u>5909</u> | | Registrar's No. <u>455</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Permissot</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Permissot</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Little Prairie</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>Hayti</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | e. STREET ADDRESS (If rural, give location) <u>Rear 411 N. 4th</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Augusta</u> | | b. (Middle) _____ | | c. (Last) <u>Ingram</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 14, 1955</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | 8. DATE OF BIRTH <u>Jan 22, 1930</u> | |
| 9. AGE (in years last birthday) <u>25</u> | | 10. MONTHS <u>3</u> | | 11. DAYS <u>22</u> | | 12. IF UNDER 14 HRS. <u>0</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hayti, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Will Ingram</u> | | 13b. MOTHER'S M maiden NAME <u>Mary Nables</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Korea</u> | | 16. SOCIAL SECURITY NO. <u>499-30-8095</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ingram - Hayti, Mo</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile Wreck</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>crushed head & chest</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8161</u> <u>20</u> | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>61 Highway</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Little Prairie twp Permissot Mo</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-14-55 2:20A m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Ran into transfer truck</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:20A m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>John H German</u> | | | | 23b. ADDRESS <u>Hayti, Mo</u> | | 23c. DATE SIGNED <u>5-14-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-20-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Hayti, Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>5-24-1955</u> | | REGISTRAR'S SIGNATURE <u>Fessie B. Nicks</u> | | FUNDING DIRECTOR'S SIGNATURE <u>John H German</u> | | ADDRESS <u>Hayti, Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-165-55

MAY 28 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

9961 9 70r

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MAY 28 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.